

Vocational Assessment Referral Form
Referral Guidelines

1. To refer a potential client, please complete this form and return it, along with a copy of any supporting documents deemed necessary. (resume, psychological assessment, school transcript, etc.)
2. If the client requires additional time and/ or adaptive materials to be used during the assessment, please state in clear detail how these items and/ or time will assist the client.
3. Rural Pro 3000's will not include Whole-Body Range of Motion, Simulated Assembly and the Physical Eye Hand Foot Coordination work samples. If the client's vocational goals require these areas to be measured, an in- house Pro 3000 would be highly recommended.

Client Information

Client Name: _____	School: _____
Address: _____	Resource Teacher: _____
Referral Name: _____	School Address: _____
Referral Telephone: _____	School Telephone: _____
Referral Email: _____	School Email: _____

**Additional Information
(Referral Guideline #2)**

**Please check the type of assessment you are requesting,
if you are requesting a modified Pro 3000 or a workplace assessment
please fill out the information the next page.**

<p>Full Pro 3000 (2 days)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>Rural Pro 3000 (2 days)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p>Modified Pro 3000 (1 day)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>Modified Rural Pro 3000 (1 day)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p>Workplace Assessment (time varies)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>Academic Assessment (1/2 day)</p> <ul style="list-style-type: none"> • Reading Level Indicator • Compass • CAAT Select-A- Level • WRAT <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p>Interest Based Assessment (1/2 day)</p> <ul style="list-style-type: none"> • HALL • Pro 3000 Interest Survey • Reading Free Interest <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>Other</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

MODIFIED ASSESSMENTS

Please check off which assessment pieces you would like included in the

- | | |
|--|--|
| <input type="checkbox"/> Vocational Profile Review | <input type="checkbox"/> Whole Body Range of Motion * |
| <input type="checkbox"/> Money Handling | <input type="checkbox"/> Alpha/ Filing |
| <input type="checkbox"/> Pro 3000 Interest | <input type="checkbox"/> Eye Hand Foot Coordination |
| <input type="checkbox"/> Numerical Sorting | <input type="checkbox"/> Multi- Level Sorting |
| <input type="checkbox"/> Reading Free Interest | <input type="checkbox"/> Telephone Answering |
| <input type="checkbox"/> WRAT 4 Blue | <input type="checkbox"/> Reading Level Indicator |
| <input type="checkbox"/> Independent Problem Solving | <input type="checkbox"/> Eye Hand Foot Coordination
(physical sample) * |
| <input type="checkbox"/> Mail Sorting | <input type="checkbox"/> CAAT Select- A -Level |
| <input type="checkbox"/> Pro 3000 Compass | <input type="checkbox"/> Upper Extremity Range of Motion |
| Align/ Drive | <input type="checkbox"/> Bookkeeping |
| Machine Tending | <input type="checkbox"/> Simulated Assembly * |
| Wiring | |
| <input type="checkbox"/> Hall Occupational Orientation | |

* Will not be available on rural Pro 3000 Assessments

For further description please visit our website www.cciwestman.ca or call a Pro 3000 Evaluator at Career Connections 204.728.9594

Workplace Assesment Details

Location #1 _____	Length _____
Location #2 _____	Length _____
Location #3 _____	Length _____

ADDITIONAL NOTES:

Please send this form to our Assostant Director Brianne Roblin

Email: broblin@cciwestman.ca
Fax: 204.725.0105
Mail: 710 3rd Street Brandon, MB R7A 3C8